

# Bizzi-Day Nurseries LTD

## REGISTRATION FORM

Child's Starting Date: \_\_\_\_\_

How did you hear about the nursery? \_\_\_\_\_

### Parent/Guardian Details:

Parent 1 Surname: \_\_\_\_\_ Parent 2 Surname: \_\_\_\_\_

Parent 1. Forename: \_\_\_\_\_ Parent 2. Forename: \_\_\_\_\_

Address: \_\_\_\_\_

Home No 1: \_\_\_\_\_ Home No 2: \_\_\_\_\_

Mobile No 1: \_\_\_\_\_ Mobile No 2: \_\_\_\_\_

Parent 1. Works Address: \_\_\_\_\_ Parent 2. Works Address: \_\_\_\_\_

Works Tel No: \_\_\_\_\_ Works Tel. No: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Child's Details:

Child's Surname: \_\_\_\_\_ Child's forename: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Child's gender: \_\_\_\_\_ Religion: \_\_\_\_\_

First language: \_\_\_\_\_ Child's ethnicity: \_\_\_\_\_

What milk formula if any is your child taking? \_\_\_\_\_

How many ounces per bottle? \_\_\_\_\_ How many bottles a day? \_\_\_\_\_

## ***Medical Practitioners Details***

**Doctors Name:**

**Telephone number:**

**Address:**

***Child's Name:***

***Child's immunisation details:***

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***Please give details of any relevant medical details:***

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***Please give details of any known allergies:***

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***Any special dietary requirements:***

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***Any special needs:***

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***My daily routine including Sleep times, meal times***

***Please indicate the sleeping position of your child.***

**Please give your permission below if your child sleeps on their front**

***I give my permission for my child to sleep on their front***

**Parent/guardians name:**

**Parent/guardians signature**

***My likes and dislikes:***

***My stage of development:***

***Please includes: self-care***

***Names of people authorised to collect your child***

***Please provide the nursery, and all persons authorized to collect your child with your chosen password:***

**Password:** \_\_\_\_\_

**Person 1. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**Person 2. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**Person 3. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**Person 4. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_

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## ***Booking and fees***

***Nursery fees are to be paid monthly in advance on the first day of each month. The fee is calculated to take in account public and Christmas holidays and will remain the same for the whole year. An annual review will take place in April each year.***

***There is a 5% discount for full time places and an additional 5% discount for Siblings.***

***There is a late payment charge for any fees received after the first of each month. Please see Terms and conditions contract.***

## ***Nursery fees***

<b>Sessions</b>	<b>0 – 3 years</b>	<b>3 – 5 years</b>
<b>Morning session 7:30am - 1:00 pm</b>	<b>£23.00</b>	<b>£22.00</b>
<b>Afternoon session 1:00apm - 6:00pm</b>	<b>£23.00</b>	<b>£22.00</b>
<b>Full day 7:30am - 6:00pm</b>	<b>£40.00</b>	<b>£39.00</b>
<b>Full week (5% discount)</b>	<b>£190.00</b>	<b>£185.25</b>
<b>Daily with discount</b>	<b>£38.00</b>	<b>£37.05</b>

***Days you would like your child to attend:***

***Please fill in table below:***

<b>Days</b>	<b>Morning</b>	<b>Afternoon</b>	<b>Full Day</b>
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			

## ***Out of school club fees***

<b>Fees</b>	
<b>Before school club/child/session:</b>	<b>£8.00</b>
<b>After school club/child/session:</b>	<b>£16.00</b>
<b>Holiday club/session:</b>	<b>£30</b>

## ***Regular bookings***

***I would like my child to attend the Club on the following days***

	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>
<b>Before school club</b>					
<b>After school club</b>					
<b>Holiday periods</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>
<b>February half term</b>					
<b>Easter</b>					
<b>June half term</b>					
<b>Jul/Aug</b>					
<b>Oct half term</b>					
<b>December</b>					

***Name of school your child attends:***

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***Please could you sign the declaration below***

***All information I have given regarding my child is correct. I will notify the nursery of any changes to my child's details immediately.***

**Parent1. Signature/Guardian:** \_\_\_\_\_

**Parent 2. Signature/Guardian:** \_\_\_\_\_

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***If you would like to give further information regarding your child please***

***Fill in the space below:***

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# Consent Forms

*Please complete forms below*

## Short walks consent form

I hereby give consent for my child: \_\_\_\_\_

To be accompanied by a qualified member of staff on organised day trips and Short walks.

Name Parent / Guardian: \_\_\_\_\_

Signed Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## Photograph consent form

I hereby give consent for my child: \_\_\_\_\_

To be photographed by Nursery staff, for Nursery use only

Name Parent / Guardian: \_\_\_\_\_

Signed Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## Photograph consent form for Nursery face book page

I hereby give consent for my child: \_\_\_\_\_

To be photographed by Nursery staff for the Nurseries face book page

Name Parent / Guardian: \_\_\_\_\_

Signed Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## Emergency Medical Treatment Consent Form

In the event of an emergency I give my consent for a qualified member of staff at Bizzi-day Nursery to take my child for emergency medical treatment, to my Doctor or the local Hospital. The medical Staff will take over responsibility for my child until I arrive.

Name of child: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**School club consent**

I give permission for club staff to speak to my child's teacher about any issues to my child's welfare.

Name of child: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**I give permission for Bizzi Day Nurseries Ltd to keep records of my Childs development through the Early Years Foundation Stage on '2build a profile'.**

**Name of child: .....**

**Parent/Guardian's signature:.....**

**Email Address.....**

**Date:.....**

**Child's observation consent form**

I give my permission for my child to be observed during play by a member of staff for the purpose of assessing my child's developmental needs

Name of child: \_\_\_\_\_

Parent/Guardians Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Sun-cream consent form**

I give my permission for a member of staff to apply sun-cream to my child

Name of child: \_\_\_\_\_

Parent/Guardians Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Nappy cream consent form**

I give my permission for a member of staff to apply nappy cream to my child only when needed

Name of child: \_\_\_\_\_

Parent/Guardians Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Face paint consent form**

Bizzi Day Nurseries LTD cannot be held responsible for parents sharing photographs with friends or other family members, and with whom they share. If you accept these terms please sign and return the consent form below.

Your child will not be photographed for Facebook until we receive the signed consent form.

I give my permission for a member of staff to apply face paints to my child's face

Name of child: \_\_\_\_\_

Parent/Guardians Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Medication consent form**

I give my permission for a member of staff to administer calpol to my child if temperature exceeds 37.5 degrees

Parents will be contacted by telephone and asked permission before the calpol is administered.

Name of child: \_\_\_\_\_

Parent/Guardians Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Managers signature:

Date:

**NB**

Please return a copy of the terms and conditions contract with the registration form before your child attends their settling in sessions.

Welsh Language Standards have been developed to give Welsh speakers improved, enforceable rights in relation to the Welsh language. Bizzi Day Nurseries LTD has a legal and statutory duty to comply with all of the standards set out by the Welsh Language Commissioner. To comply with these standards, we would like to offer our service in Welsh or English.

Please indicate which language you would like to communicate in by ticking the box:

English

Welsh

Signed: \_\_\_\_\_

Date: \_\_\_\_\_